## PART B-ISSUE FEE TRANSMITTAL 142-1320 Complete and mail this form, together with ap **Box ISSUE FEE** fees, to: Assistant Commissioner for Pater Washington, D.C. 20231 MAILING INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE. Blocks 1 Note: The certificate of mailing below can only be used for domestic through 4 should be completed where appropriate. All further correspondence including the Issue Fee mailings of the Issue Fee Transmittal. This certificate cannot be used Receipt, the Patent, advance orders and notification of maintenance fees will be mailed to the current for any other accompanying papers. Each additional paper, such as an correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) assignment or formal drawing, must have its own certificate of mailing. specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for **Certificate of Mailing** maintenance fee notifications. CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1) I hereby certify that this Issue Fee Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Box Issue Fee address above on QM11/0721 RECEIVED the date indicated below. GERALD E LINDEN Production Division 2716 S CHICKASAW TR SUITE 300 2 5 1998 (Depositor's name) ORLANDO FL 32829

(Signature) (Date) APPLICATION NO. **FILING DATE** TOTAL ÇLAIMS **EXAMINER AND GROUP ART UNIT** DATE MAILED ARBES, 035 11/09/95 08/554,902 BENJAMIN N. First\*Named ELDRIDGE, Applicant

TITLE OF INVENTION PROBE CARD ASSEMBLY (AS AMENDED)

ATTICO DOCKET NO	1 0 100 0 100 100	Т Т						
ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE			FEE DUE	DATE DUE	
3 95-553 029-842.000 G78 UTILITY NO \$1320.00 10/21/35								
Use of PTO form(s) and Customer Number are recommended, but not required.  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47) attached.				2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE Form Factor, Inc.  (B) RESIDENCE: (CITY & STATE OR COUNTRY) Livermore, CA 94550  Please check the appropriate assignee category indicated below (will not be printed on the patent)  individual acorporation or other private group entity government				4a. The following fees are enclosed (make check payable to Commissioner of Patents and Trademarks):  Issue Fee  Advance Order - # of Copies  4b. The following fees or deficiency in these fees should be charged to:  DEPOSIT ACCOUNT NUMBER  (ENCLOSE AN EXTRA COPY OF THIS FORM)  Issue Fee  Advance Order - # of Copies				
The COMMISSIONER OF PATENTS AND TRADEMARKS IS requested to apply the Issue Fee to the application identified above.								
NOTE; The Issue Fee will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.				10/06/1998 CA	CASHBY (	0000180 085549	02	
Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending on the needs of the individual case. Any comments on the amount of time required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, D.C. 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND FEES AND THIS FORM TO: Box Issue Fee, Assistant Commissioner for Patents, Washington D.C. 20231				01 FC:142 02 FC:561		1320.00 pp 30.00 pp		
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.								